



Internship Application

Office of **Senator Roland W. Burris**

Illinois

607 E. Adams, Suite 1520, Springfield, IL 62701
(217) 492-5089 Phone (217) 492-5099 Fax

Thank you very much for your interest in the Internship Program in the Office of Senator Roland W. Burris. Please take the time to review and complete this Internship Application. We are excited that you have chosen to take advantage of the Capital Hill experience by being a part of the Burris family.

Application Process

To be considered for an internship, you must submit:

- ☐ **An Internship Application Form**
- ☐ **A cover letter describing why you would like to intern in Senator Burris' office.**
- ☐ **Current Resume**
- ☐ **A copy of your official transcript (Minimum GPA requirements 3.0)**
- ☐ **One Letter of Recommendation**

Session Dates and Application Deadlines

Spring Session 2010 (January 19th – May 14th) **Deadline: December 4, 2009*

Summer Session 2010 (May 18th – August 20th) **Deadline: March 29, 2010*

Fall Session 2010 (August 31st – December 17th) **Deadline: July 12, 2010*

Funding

This internship is unpaid.

Personal Information

(Please Print)

Name: _____ **Date of Birth:** _____

Permanent Address: _____

Current Address: _____

Home Phone: _____ **Cell Phone:** _____

Email/Website Address: _____

Are you a registered voter? Yes _____ No _____ **If yes, in which state?** _____

Social Security Number: _____

Relevant Experience (e.g. campaign, politics, government): _____

Areas of Interest: _____

Extracurricular Activities: _____

How did you hear about this Internship Program?

Education

High School: _____ **Graduation Date:** _____

High School City and State: _____

Undergraduate Institution: _____

Current Class Standing (ex: Freshman etc.) _____

Major/Minor: _____ **GPA:** _____

Graduation Date: _____

Graduate/Law Institution: _____

Major/Minor: _____ **GPA:** _____

Graduation Date: _____

Languages Spoken (indicate degree of fluency): _____

Will college credit be earned through this internship? Yes: _____ **No:** _____

If yes, please complete the following:

Supervising Professor's Name: _____

Supervising Professor's Phone Number: _____

Course Name: _____ **Total Credits Earned:** _____

Dates Available: _____ / _____ / _____ **through** _____ / _____ / _____

Please submit completed application form and all supplemental materials to our office by **6:00pm** of the deadline date. If you have any questions please contact Jimmie Voss, Downstate Director at (217) 492-5089.